The Needs of Indian Elders
A Hearing by the Senate Committee on Indian Affairs

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Statement by the National Indian Council on Aging

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DESPITE OUR NATION'S PROSPERITY, TIMES ARE STILL VERY HARD FOR INDIAN ELDERS. THEIR HEALTH STATUS RANKS AMONG THE POOREST OF ANY MINORITY IN THE NATION. THEY ARE DISABLED AT RATES 50% HIGHER THAN OTHER AMERICAN ELDERLY. NEARLY THREE OUT OF FIVE OF THEM LIVE BELOW 200% OF POVERTY. ONLY 66 PERCENT OF ELIGIBLE INDIANS ARE ACCESSING SOCIAL SECURITY, A RATE FAR LOWER THAN THE NATIONAL AVERAGE OF 88 PERCENT. AS THE DIABETES EPIDEMIC CONTINUES IN INDIAN COUNTRY, ELDERS ARE AFFECTED BY THE DISEASE AND ITS COMPLICATIONS MORE SEVERELY THAN ANY OTHER AGE GROUP. MORE THAN TWO OF EVERY FIVE NATIVE ELDERS HAVE DIABETES AND IN SOME COMMUNITIES, MORE THAN HALF OF OUR ELDERS ARE AFFLICTED. AS THEY LIVE LONGER, ELDERS ARE ALSO LIVING WITH THE COMPLICATIONS AND DISABILITIES CAUSED BY THE DISEASE. WE NEED MORE HELP FROM YOU IN EDUCATING THEM ABOUT HOW TO PREVENT THE DISEASE . . . OR HOW TO LIVE WITH IT. NOWHERE ARE THE DISPARITIES IN MINORITY HEALTH CARE SO GREAT . . . NOWHERE IS THE MANDATE TO THE FEDERAL GOVERNMENT SO COMPELLING AS WITH THE WELL-BEING OF INDIAN ELDERS. TODAY, WE BRING TO YOUR ATTENTION SEVERAL OF THE ISSUES MOST CRITICAL TO THEIR WELL-BEING.

ELDER ABUSE: TITLE VII

TITLE VII OF THE OLDER AMERICANS ACT, "VULNERABLE ELDER RIGHTS PROTECTION," WAS CREATED IN 1992. IT INCLUDES SUBTITLE B, WHICH AUTHORIZES A PROGRAM FOR TRIBES, PUBLIC AGENCIES, OR NONPROFIT ORGANIZATIONS SERVING INDIAN ELDERS TO ASSIST IN PRIORITIZING ISSUES RELATING TO ELDER RIGHTS AND TO CARRY OUT ACTIVITIES IN SUPPORT OF THESE PRIORITIES. FUNDS HAVE NEVER BEEN APPROPRIATED FOR THIS PURPOSE. WHILE FUNDS HAVE BEEN APPROPRIATED TO STATES FOR SIMILAR PURPOSES, THESE PROGRAMS SELDOM REACH INDIAN ELDERS DUE TO CULTURAL AND GEOGRAPHIC BARRIERS. INDIAN TRIBES HAVE LITTLE OR NO ACCESS TO THE AGENCIES, DEPARTMENTS, OMBUDSMAN, OR OTHER PROGRAMS THAT ARE AVAILABLE TO STATES. FURTHER, TRIBES HAVE NO ADDITIONAL SOURCE OF MANDATED FEDERAL FUNDING FOR ELDER PROTECTION ACTIVITIES. ANECDOTAL EVIDENCE PROVIDED BY THOSE INVOLVED WITH ELDER SERVICES IN INDIAN COUNTRY SUGGESTS A HIGH INCIDENCE OF ELDER ABUSE IN INDIAN COUNTRY. IT IS COMMONLY ACKNOWLEDGED THAT "ABUSERS" ARE OFTEN FAMILY MEMBERS SUCH THAT ELDERS OFTEN DO NOT KNOW THEY ARE BEING ABUSED AND IF THEY DO KNOW, THEY ARE RELUCTANT TO DISCLOSE THIS INFORMATION. OUTREACH AND DEMONSTRATION PROGRAMS ARE NEEDED TO INCREASE AWARENESS OF ELDER ABUSE AND TO HELP TRIBES DEVISE WAYS TO MINIMIZE ABUSIVE BEHAVIOR.

AS THE INDIAN CRIMINAL JUSTICE SYSTEM ATTEMPTS TO COPE WITH INCREASING RATES OF VIOLENT CRIME IN OUR COMMUNITIES, IT IS ILL- PREPARED TO DEAL WITH THE MORE SUBTLE, LESS VISIBLE CRIMES OF ELDER NEGLECT, FINANCIAL AND PHYSICAL ABUSE THAT TAKE A TOLL ON RESERVATION ELDERS. RURALLY AND CULTURALLY ISOLATED FROM MAINSTREAM PROGRAMS OFFERING RESPITE, COUNSELING, AND OTHER STATE SERVICES, INDIAN FAMILIES OFTEN FIND THEMSELVES UNDER EXCEPTIONAL STRESS. STATE SERVICES DO NOT REACH THEM.

Because very few established long-term care services exist in Indian communities (only 12 known tribal nursing homes in the entire nation), the burden of long-term care falls heavily on Indian families. Studies show that up to 90 percent of reservation long-term care is provided by families. Many of these family members report extraordinary levels of stress. THIS STRESS UNDOUBTEDLY CONTRIBUTES TO ABUSE.

Future in-home care burdens--perhaps leading to increased abuse--will be dramatically complicated by the epidemic of diabetes that now pervades Indian country. Indian elders are living longer, but they are also CREATing huge burdens for their FAMILY caregivers. Indian caregivers now must deal with daily diabetes management--the shots and dietary restrictions--as well as the Amputations, blindness and kidney dialysis that diabetes brings.

Nationally, more than two of every five elders has the disease and many Indian communities report that more than half their seniors are afflicted. We perceive that diabetes means greater caregiver burden, and that this burden will increase elder abuse.

We are grateful for ongoing federal initiatives designed to reduce the disparities in Indian health care, such as the IHS National Diabetes program. They are providing us with opportunities to improve our elders' lives. At the same time, we request that you not overlook some basic protections, such as the one afforded by Part B of Title VII, that are available to most of the nation but still haven't reached Indian elders. A demonstration grant program directed to Indian country in the amount of $1,000,000 would begin to address this very serious issue.

TITLE VI: Nutrition and Other Programs

The 238 programs funded through Title VI of the Older Americans Act are the primary source for many nutrition and other supportive services provided to rural Native elders.

Since its inception in 1980, Title VI (Older Americans Act) funding has been so inadequate that reservation services have never been "comparable to those provided under Title III" [Title III is State formula grant program that funds a wide range of social services for the elderly; whereas, Title VI is a comparable program dedicated to American Indians, Alaska Natives, and Native Hawaiians]. Nevertheless, this program remains the cornerstone of Older American Act services to Indian elders. While funding per project ranges from $71,400 to $174,400, approximately half of the nation's projects are at the $71,400 level. This amount is intended to provide meals and other supportive services for a minimum of 50 elders for an entire year! Projects funded at the highest levels need to serve 1,500 or more elders! Further, with the aging of the population in Indian country, more tribes now qualify but cannot be served due to fund

LIMITATIONS. CONCURRENTLY, FUNDED PROJECTS ARE STRUGGLING WITH RELENTLESS INCREASES IN THE COST OF PROVIDING NUTRITION AND OTHER SUPPORTIVE SERVICES TO THEIR CLIENTELE GROUP. THESE CONDITIONS REITERATE THAT CURRENT FUNDING OF $25.7 MILLION IS GROSSLY INADEQUATE AND AN INCREMENTAL INCREASE IN FUNDING TO $30 MILLION IS IN ORDER.

TITLE V: SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

IN TITLE V, THE SENIOR COMMUNITY EMPLOYMENT SERVICE PROGRAM (SCSEP), REGULATIONS WERE AGAIN TIGHTENED THIS YEAR. THE SCSEP'S NINE NATIONAL SPONSORS ARE NOW REQUIRED TO CONSULT WITH THE GOVERNORS OF EACH STATE WHERE THEY OPERATE. NICOA, AS ONE OF THESE SPONSORS, REFUSED TO ACCEPT THIS REGULATION, ARGUING THAT STATES SHOULD NOT HAVE ANY CONTROL OVER INDIAN JOB PLACEMENTS. BECAUSE OF THE FEDERAL TRUST RESPONSIBILITY, INDIAN ELDERS SHOULD NOT BE SUBJECT TO REGULATION BY INDIVIDUAL STATES.

BECAUSE OF NICOA'S STAND, TITLE V NOW PROVIDES THIS EXEMPTION, WHICH WE INTERPRET TO MEAN THAT AN ENTIRELY SEPARATE EQUITABLE DISTRIBUTION PLAN SHOULD BE APPLIED TO THE 847 SCSEP POSITIONS THAT NICOA OPERATES. WE WILL BE ABLE TO SERVE INDIANS IN STATES (SUCH AS MONTANA AND THE DAKOTAS) THAT WERE PREVIOUSLY OFF LIMITS BECAUSE OF THEIR SMALL POPULATION.

TITLE IV: RESEARCH AND DEMONSTRATION GRANTS

TITLE IV, "RESEARCH AND DEMONSTRATION GRANTS" HAVE TRADITIONALLY FUNDED OTHER CRITICAL–PROGRAMS IMPORTANT TO INDIAN ELDERS. TITLE IV PROJECTS HAVE HISTORICALLY PROVIDED ANNUAL TRAINING TO TITLE VI PROGRAMS. HOWEVER, SINCE 1995 THESE TRAINING ACTIVITIES HAVE NOT BEEN FUNDED. TITLE VI DIRECTORS HAVE HIGH TURNOVER RATES DUE TO LOW PAY AND JOB STRESS. TYPICALLY, DIRECTORS HAVE A HIGH SCHOOL EDUCATION AND A FEW YEARS OF EXPERIENCE. THEY OFTEN WORK UNDER GREAT PRESSURE AND OFTEN LACK A BASIC UNDERSTANDING OF THE PROGRAM'S RULES AND REGULATIONS. UNDERSTAFFED AND

UNDERPAID, TITLE VI DIRECTORS RECEIVE LITTLE OR NO TRAINING IN BASIC NUTRITION, BUDGETING, FOOD PREPARATION AND PROGRAM REPORTING. YET TITLE VI DIRECTORS ARE SOME OF THE MOST IMPORTANT PEOPLE IN THE LIVES OF OUR INDIAN ELDERS. THE ELDERS GROW TO TRUST THEM, LOOK FORWARD TO THEIR COMPANY, AND RELY UPON THEM FOR INFORMATION AND CARE, ESPECIALLY IN RURAL RESERVATION COMMUNITIES. CONSEQUENTLY, THE NEED FOR FUNDING TO PROVIDE TRAINING FOR TITLE VI DIRECTORS IS ONE OF NICOA'S FOREMOST CONCERNS.

TITLE IV ALSO PROVIDES CRITICAL FUNDING FOR NICOA'S ONGOING WORK IN INDIAN COUNTRY, INCLUDING A PROJECT TO EDUCATE INDIAN ELDERS ABOUT DIABETES PREVENTION AND MANAGEMENT. WE HA VE ALREADY MENTIONED THE TYPE 2 DIABETES EPIDEMIC THAT CONTINUES TO RAVAGE INDIAN COUNTRY, HITTING OUR ELDERS THE HARDEST. CLEARLY, PROGRAMS AVAILABLE TO INDIAN ELDERS THROUGH THE OAA MUST PLAY AN INCREASING ROLE IN HELPING COMBAT THIS DISEASE. NOT ONLY DOES THE ACT—THROUGH TITLES IV AND VI—CREATE OPPORTUNITIES FOR EDUCATING ELDERS ON HEALTH ISSUES, IT PROVIDES THEM WITH NUTRITIOUS FOOD, HEALTHY DIETS AND EXERCISE—CRITICAL ELEMENTS OF DISEASE PREVENTION AND MANAGEMENT.

NICOA WILL CONTINUE TO REQUEST YOUR SPONSORSHIP OF A $600,000 APPROPRIATION REQUEST FOR TRAINING TITLE SIX (VI) DIRECTORS AND DEVELOPING THEIR CAPABILITIES TO BETTER SERVE INDIAN ELDERS.

TITLE IV: RESEARCH AND DEMONSTRATION GRANTS

TITLE IV OF THE OLDER AMERICANS ACT, "RESEARCH AND DEMONSTRATION GRANTS," CONTINUES TO PROVIDE IMPORTANT RESOURCES FOR MOST OF THE NATIONAL AGING NETWORK AND FOR MANY OF THE NATION'S SENIORS. THESE ONGOING BENEFITS,

however, do not accrue to Indian Country. Title VI programs, serving the nation's most rurally isolated and socio-economically deprived seniors, have not directly benefited from Title IV funding since a small grant was awarded in the early 90s. Even badly-needed training initiatives, authorized for these program directors under Title IV, have generally not received appropriations.

Despite of Congressional intent that Title VI programs provide services "comparable to those under Title III," the reality is that Title VI remains without a national infrastructure (no paid staff), without a national training program at any level, without the capacity for regional or national meetings, and without even the capacity for its estimated 238 tribal programs to communicate with each other.

Often, the only assistance available for Title VI strategic needs comes from the National Indian Council on Aging (NICOA), which provides forums for Title VI directors at its biennial national conferences, or from N4A, which counts Title VI directors among its membership.

NICOA urges Congress to create a capacity-building initiative, directed by NICOA, to engender skill-building, communication, and greater economic self-sufficiency for Title VI programs. Necessary components of the initiative include:

- Annual training
- Development of an organizational infrastructure
- Capacity building, to include:
- Hiring and training a national Title VI coalition director;
- the creation of a fiscal management infrastructure;
- the creation of an operational infrastructure;
- creation of grant application and management protocols.

We request a project, funded under Title IV of the Older Americans Act, to integrate nutrition services into a health promotion and disease prevention strategy. This initiative could operate in collaboration with the Nih, Cdc, usda, ihs, nicoa, and other tribal organizations..

LONG-TERM CARE

As American Indians and Alaska Natives grow older and have more disabilities, one of their greatest fears is being placed in a nursing home far from their families and friends, where no one speaks their language, where the food is unfamiliar and where they are left alone to die.

The need for long-term care services in Indian Country is great and continues to grow. The Indian Health Service has never included long term care as part of its mission and it does not operate or fund any long term care facilities. We need to think creatively about enhancing existing resources to meet the needs for home and community based long term care.

WHILE IT IS RECOGNIZED THAT THERE IS NO NATIONAL OVERALL POLICY REGARDING LONG-TERM CARE FOR THE NATION'S ELDERLY AND DISABLED, IT IS ALSO TRUE THAT BILLIONS OF DOLLARS IN FEDERAL AND STATE FUNDS ARE SPENT ON LONG-TERM CARE, PARTICULARLY FOR NURSING HOME AND HOME AND COMMUNITY-BASED SERVICES UNDER MEDICAID.

IT IS IMPORTANT TO UNDERSTAND THAT THERE ARE VIRTUALLY NO FUNDS AVAILABLE TO INDIAN COUNTRY FOR LONG-TERM CARE. THE IHS, AS I MENTIONED, HAS NO RESPONSIBILITY FOR PROVIDING LONG-TERM CARE SERVICES. HHS CAN AND SHOULD PLAY A MAJOR ROLE IN HELPING TRIBES TO BEGIN TO ADDRESS THIS IMPORTANT AND GROWING NEED IN INDIAN COUNTRY.

IN SOUTH DAKOTA, TRIBES ARE EXTREMELY ANXIOUS TO DEVELOP NURSING HOME CARE ON THEIR RESERVATIONS, BUT ARE PREVENTED FROM DOING SO DUE TO A STATE IMPOSED MORATORIUM ON THE CONSTRUCTION OR ACQUISITION OF ADDITIONAL MEDICAID BEDS. THIS IMPASSE HAS GONE ON FOR NEARLY A DECADE. WITHOUT MEDICAID FUNDING TRIBES WOULD HAVE NO CHOICE BUT TO USE TRIBAL RESOURCES TO SUBSIDIZE CARE IN SUCH FACILITIES. FEW TRIBES WOULD BE ABLE TO DO THAT AND CERTAINLY NOT SOUTH DAKOTA'S TRIBES.

THE STATE GOVERNMENT HAS SAID THEY AGREE TRIBES NEED THEIR OWN NURSING HOMES BUT THAT THEIR HANDS ARE TIED DUE TO THEIR OWN SELF-IMPOSED MEDICAID MORATORIUM. SOUTH DAKOTA ARGUES THAT ELDERS AND ADVOCATES SHOULD TAKE

THEIR CONCERN TO THE FEDERAL GOVERNMENT; THAT THE FEDERAL GOVERNMENT HAS THE RESPONSIBILITY FOR PROVIDING LONG-TERM CARE TO INDIAN ELDERS. SOUTH DAKOTA'S TRIBES ARE IN A CATCH-22: THE STATE, WHICH IS THE LOCUS OF LONG-TERM CARE UNDER MEDICAID, REFUSES TO DO WHAT THEY CAN BY LAW. THE FEDERAL GOVERNMENT DOESN'T PRESENTLY HAVE PROGRAMS OR DEDICATED FUNDING SOURCES THAT SUPPPORT LONG-TERM CARE SERVICES. IT SEEMS HIGHLY UNLIKELY THAT THE IHS WOULD RECEIVE ADDITIONAL FUNDING SUFFICIENT TO ADDRESS LONG-TERM CARE COVERAGE FOR INDIAN COUNTRY.

NICOA IS PLEASED THAT A PRIVATE CHARITABLE FOUNDATION, THE RETIREMENT RESEARCH FOUNDATION (RRF) HAS PROVIDED US WITH A SMALL GRANT TO BEGIN THE PROCESS OF HELPING TRIBES TO ASSESS THEIR OWN LONG-TERM CARE NEEDS AND TO BEGIN TO PLAN THE SERVICES THAT ARE MOST APPROPRIATE AND DESIREABLE FOR THEM. WE WILL WORK WITH FOUR TRIBES TO GATHER IN-DEPTH INFORMATION ABOUT LONG-TERM CARE NEEDS AND ANY PRESENT CAPACITY TO ADDRESS SUCH NEEDS. WE ARE GRATEFUL TO RRF FOR THEIR COMMITMENT AND SUPPORT WHICH ALLOWS US TO TAKE A VERY LIMITED STEP TO BEGIN AN IMPORTANT JOURNEY.

BUT THIS JOURNEY IS REALLY THE RESPONSIBILITY OF THE FEDERAL GOVERNMENT AND PRIVATE GRANTS ARE NOT GOING TO ENABLE US TO REACH OUR DESTINATION, CERTAINLY NOT IN THE FORESEEABLE FUTURE.

STATES HAVE THE ABILITY THROUGH MEDICAID WAIVERS AND HCFA HAS THE AUTHORITY TO APPROVE REQUESTS TO ESTABLISH INDIAN ONLY WAIVERS ESPECIALLY

FOR HOME AND COMMUNITY-BASED LONG-TERM CARE SERVICES. WE UNDERSTAND THAT NO FURTHER LEGISLATIVE AUTHORITY IS NECESSARY. YET, STATES ARE NOT SEEKING THESE WAIVERS. THIS COMMITTEE COULD PROVIDE LEADERSHIP IN WORKING WITH TRIBES AND RECEPTIVE STATES TO PUT SUCH WAIVERED SERVICES IN PLACE. NICOA WOULD LIKE TO SUGGEST SEVERAL OTHER MODEST STEPS THAT HHS SHOULD TAKE NOW TO START US DOWN THIS IMPORTANT PATH.

1. HRSA SHOULD PROVIDE **A MINIMUM INVESTMENT OF $500,000 TO WORK WITH** TRIBES AND INDIAN ORGANIZATIONS TO DEVELOP GUIDELINES FOR THE MOST APPROPRIATE KINDS OF LONG-TERM CARE.

2. DHHS SHOULD DEDICATE A PORTION OF ITS RESEARCH AND DEVELOPMENT FUNDS, ESPECIALLY FROM HCFA, NIH, AND AOA, FOR

GRANTS TO HELP INDIAN COUNTRY PLAN, DEVELOP, AND DELIVER CULTURALLY APPROPRIATE AND EFFECTIVE LONG-TERM CARE SERVICES.

3. THE ADMINISTRATION SHOULD ELIMINATE THE BARRIERS FOR TRIBES TO BE REIMBURSED BY MEDICAID AND MEDICARE FOR HOME HEALTH SERVICES, INCLUDING CLARIFICATIONS IN THE IHS/HCFA MEMORANDUM OF AGREEMENT AND CHANGES IN THE SOCIAL SECURITY ACT.

4. HHS AGENCIES SHOULD COLLABORATIVELY PROVIDE EXPERT TECHNICAL ASSISTANCE, TRAINING AND OTHER FORMS OF SUPPORT DIRECTLY TO TRIBES TO HELP THEM BUILD THEIR LONG-TERM CARE INFRASTRUCTURE AND CAPABILITIES. AT MINIMUM

THIS EFFORT SHOULD INVOLVE HCFA, IHS, NIA, CDC, AHQR, AOA, HRSA, ASPE AND THE ANA. NO DOUBT OTHER PARTS OF HHS COULD ALSO PROVIDE IMPORTANT HELP TO TRIBES.

WE ARE ALSO EXTREMELY CONCERNED THAT SENIOR HEALTH INSURANCE COUNSELING AND ASSISTANCE SERVICES --THE SHIP PROGRAM — IS STILL NOT AVAILABLE FOR OLDER INDIANS. SUCH FUNDING IS PROVIDED TO ALL STATES, BUT INEXCUSABLY, THERE IS NO COUNTERPART FOR INDIAN COUNTRY. DESPITE NICOA'S REPEATED REQUESTS, WE ARE NOT AWARE THAT CMS OR DHHS HAS ADDRESSED THIS ISSUE.

BEYOND THE SERVICES NEEDED THROUGH A SHIP COUNTERPART FOR OUR ELDERS, WE BELIEVE THAT DHHS SHOULD MAKE A MAJOR COMMITMENT TO FOCUSED EDUCATION AND OUTREACH IN INDIAN COMMUNITIES .

AS YOU WOULD EXPECT, LARGE NUMBERS OF INDIAN ELDERS ARE DUALLY ELIGIBLE; THAT IS, THEY ARE ELIGIBLE FOR BOTH MEDICARE AND MEDICAID. THEY ARE LOW-INCOME AND OFTEN DESPERATELY POOR. THEY NEED THE CRITICAL HELP THAT THE QUALIFIED MEDICARE BENEFICIARY (QMB) AND SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAMS PROMISE. UNFORTUNATELY, THAT PROMISE IS NOT BEING MET FOR INDIAN ELDERS.

THE NATIONAL INDIAN COUNCIL THANKS YOU FOR YOUR ONGOING WORK ON BEHALF OF INIDAN PEOPLE, AND FOR THIS OPPORTUNITY TO COMMENT TODAY.

-END-

RESOLUTION BY

THE BOARD OF DIRECTORS OF

THE NATIONAL INDIAN COUNCIL ON AGING

Title: Older Americans Act Appropriations

WHEREAS, Title IV of the Older Americans Act provides for an annual national meeting to provide training for Indian program directors; and,

WHEREAS, funding for Title VI of the Older Americans Act remains insufficient, more than $11.5 million less than previously-authorized appropriation levels of $30,000,000; and,

WHEREAS, Title VI Part C of the Older Americans Act creates a Native American Caregiver Program to enable tribes to provide support services similar to those funded for states in section 373; and,

WHEREAS, Title VII Part B of the Older Americans Act authorizes appropriations for Indian tribes to conduct elder protection activities; and,

WHEREAS, Indian tribes, public agencies, and non-profit organizations have limited or no access to other sources of funding to conduct these activities; and,

WHEREAS, Congress has authorized these important initiatives but has not appropriated funds for their enactment;

NOW THEREFORE BE IT RESOLVED that the board of directors of the National Indian Council on Aging urge the Congress of the United States to appropriate $500,000 for Sec. 418(b) of the Older Americans Act to provide training for Title VI Directors;

BE IT FURTHER RESOLVED that the board of directors of the National Indian Council on Aging urge the Congress of the United States to appropriate $10,000,000 for Title VI of the Older Americans Act--including $5,000,000 to bring existing program services closer to acceptable levels of service provision and $5,000,000 for section 631 to enable Indian Country participation in the Family Caregiver Support Program; and

BE IT FINALLY RESOLVED that the board of directors of the National Indian Council on Aging urge the Congress of the United States to appropriate $5,000,000 for section 707, funding Indian tribes to conduct elder protective activities.

CERTIFICATION

The foregoing resolution was adopted by the National Indian Council on Aging Board of Directors during a telephone conference call on December 11, 2000 with a quorum present.

ATTEST:_____ Frank Chee Willetto, Chairman_____

Gloria LeftHand, Secretary_____